

**STATE UNIVERSITY OF NEW YORK
DOWNSTATE MEDICAL CENTER**

Office of the Registrar
Basic Science Building 1-112, Box 98
450 Clarkson Avenue, Brooklyn, NY 11203
(718)270-4552 (ph) (718)270-7592 (fax)

U.S. Visiting Student Application

(For Students from LCME accredited U.S. Medical Schools)

(Note: This form and the Health Statement Form for Visiting Students must be printed, filled out and mailed to the address above. Please print your full name on the top of every printed page) Completed applications must be received by the application deadline cycle.

PART A: (To be completed buy the student applying for the elective)

Name: _____
(First Name) (Last Name)

Address: _____

Birth Date: _____ ID#: _____

Phone: (____) _____ E-mail: _____

Medical School Presently Enrolled: _____
Year: _____

School Address: _____

Phone: (____) _____

Have you ever applied to or attended Downstate School of Medicine? ___Yes ___ No

If yes, please include your Downstate ID number _____

Elective Requested:

Title: _____ Course#: _____

Dates Requested: 1st choice _____ 2nd choice _____

PART B: (To be completed by the Dean or designated official of the medical school where the student is presently enrolled)

Is this student in good academic standing? Yes No

Is this student approved to take this elective for credit? Yes No

Does malpractice insurance cover this student during Rotation away from his/her school? (proof required) Yes No

Is the student's personal health insurance coverage in Effect while away from his/her school? (proof required) Yes No

Has the student completed HIPAA training? (proof required/must be current year) Yes No

A report of the student's performance is required (evaluation form is attached) Yes No

An official transcript in a sealed envelope must accompany this application Yes No

Is a passport photo attached? Yes No

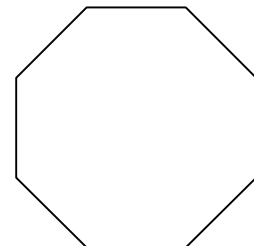
Has this student passed Step 1 of either USMLE or COMPLEX? Yes No
If yes, please circle which exam

Check the Core Clerkships you will have completed at the time you begin the elective:

Medicine Women's Health Psychiatry _____ Other
 Surgery Pediatrics Neurology _____ Other

Name/Title of Official: _____

Signature: _____ Date: _____



SCHOOL SEAL

PART C: (To be completed by Downstate Medical Center Department Chairperson or Elective Coordinator)

This visiting student's elective request: _____ Approved _____ Not Approved

Signature: _____ Date: _____

Student should report on first day of rotation to: _____

Instructor: _____

Place: _____

Telephone Contact: _____

Date: _____ Time: _____

Please return completed form/s to:

SUNY Downstate Medical Center
450 Clarkson Avenue, Box# 98
Brooklyn, New York 11203

**State University of New York
Downstate Medical Center**

Visiting Medical Students From United States Medical Schools

Forms

U.S. Visiting Student Application
Health Form for Visiting Students

Eligibility

Students from other medical schools are not permitted to enroll in clerkships.

SUNY Downstate welcomes visiting medical students into the senior elective program. Students who will have completed their clinical clerkships by the starting date of the desired elective are eligible to apply. Applicants must be in good academic standing at their home school, must have their school's approval to participate in the desired elective and must have health and liability insurance coverage and be HIPAA certified.

General Information

All elective courses at SUNY Downstate and its affiliated instructions are part of the official curriculum of the College of Medicine. Qualified students from their medical schools may be accommodated in those electives that have not been filled by our students. Applicants are considered in the offer their application is received: SUNY Downstate students are given first preference to all elective offered. Elective rotation dates must coincide with the scheduled dates of the SUNY Downstate Medical Center's elective periods.

- Visiting Student Application Forms are found on the web at sls.downstate.edu/registrar/visiting. They are no longer available in the hard copy. The US VISITING MEDICAL STUDENT APPLICATION must be completed in its entirety for each elective you wish to take. The application must bear the imprint of your school seal.
- A current official transcript or detailed evaluation of courses completed must accompany the application.
- A completed health assessment form must also be submitted.
- PROOF OF MALPRACTICE/LIABILITY AND PERSONAL HEALTH INSURANCE IS REQUIRED (SUNY Downstate Medical Center does not provide student health or liability coverage for visiting students)
- You must also submit proof of HIPAA certification.
- You must also submit a passport photo.
- Visiting students MUST apply through the Office of the Registrar for ALL electives. Visiting students are not permitted to contact the course directors directly. ALL inquires MUST go through the Office of the Registrar.
- Please review the provided material thoroughly and select an elective program carefully.

Office of the Registrar
SUNY Downstate Medical Center
450 Clarkson Avenue, Box 98
Brooklyn, New York 11203

Telephone: (718)270-4552
E-mail: visitstudent@downstate.edu

Housing may be available in one of two residence hall facilities (811 New York Avenue and 825 New York Avenue).

Mailing address:
SUNY Downstate Medical Center
450 Clarkson Avenue, Box 115
Brooklyn, New York 11203
Telephone: (718) 270-1466
E-mail: residentiallife@downstate.edu

The director of our Student Health Service is Dr. Marcia Gerber.

Mailing Address:
SUNY Downstate Medical Center
450 Clarkson Avenue, Box 33
Brooklyn, New York 11203
Telephone: (718) 270-1995
E-mail: residentiallife@downstate.edu

Notification of approval or denial:

Students will be notified of approval or denial at least 4 weeks prior to the start date of the elective or withdraws his or her application less than 2 weeks prior to the start of the elective will get a letter of complaint sent to his/her medical school to be placed in their academic file.

Arrival on the first day:

All visiting students must report to the Office of the Registrar at 10am on the first day of their elective to registrar. Health clearance MUST be completed in order for the student to be permitted to register. Students will receive a letter to obtain a Downstate I.D. card and visiting student privileges to the library. The department will NOT receive a student who has not registered through the Office of the Registrar.

APPLICATIONS WILL NOT BE PROCESSED UNTIL ALL COMPLETE COMPONENT PARTS HAVE BEEN RECEIVED. PLEASE NOTE THE APPLICATION DEADLINES.

*****DEADLINES: There are NO exceptions to these deadlines. Once scheduled, changes are NOT permitted for any reason. *****



**STATE UNIVERSITY OF NEW YORK
DOWNSTATE MEDICAL CENTER**

Office of the Registrar

Basic Science Building 1-112, Box 98
450 Clarkson Avenue, Brooklyn, NY 11203
(718) 270 4552 / (718) 270 7592 (fax)



Health Statement Form for Visiting Students

(**note:** This form, along with the **United States Visiting Student Application** must be printed, filled out and mailed to the address above.)

Completion of this entire form is required of every student coming to SUNY Downstate Medical Center for electives. ***It must be submitted with your application.*** Please note that a recent Mantoux test and chest xray (if needed), as well as immunity to measles, mumps, and rubella are required by New York State Health Code. In addition, as indicated in item 4, education and immunization for hepatitis B is required.

Name: _____ ID#: _____

School: _____ DOB: ___/___/___

Elective at SUNY: _____ Elective Dates: ___/___/___ to ___/___/___

In order to comply with Federal OSHA regulation, SUNY Downstate Medical Center requires that students receive education regarding exposure to blood, body fluids and other potentially infectious materials before coming to this Medical Center. I have participated in a OSHA Training Education program. Yes No

To the Health Provider:

- Does this student have any acute or chronic health problems? If yes, please explain.
- Date of last physical exam (must be no more than 1 year prior to start of elective): ___/___/___
Result of exam:

3. PROOF OF IMMUNITY TO MEASLES, MUMPS, AND RUBELLA IS REQUIRED BY NEW YORK STATE LAW. Two (2) Doses Of Measles, Mumps And Rubella Vaccines After First Birthday or immune titers satisfy this requirement

MMR vaccine:	___/___/___	___/___/___
	#1 date	#2 date

Measles Titer:	_____	_____	___/___/___
	POS	NEG	Date

Mumps Titer:	_____	_____	___/___/___
	POS	NEG	Date

Rubella Titer:	_____	_____	___/___/___
	POS	NEG	Date

- Documentation of three doses of hepatitis B vaccine and/or positive hepatitis B antibody titer is required.

HBsAb	Date: ___/___/___	Result: _____
